

RECEIVED
CENTRAL FAX CENTER

004/042

SEP 19 2005

PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 015280-356100US
FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).)</small>		
Application Number 09/873,707	Filed January 11, 2001	
For RECOMBINANT IMMUNOTOXIN DIRECTED AGAINST THE HIV-1 GP120 ENVELOPE GLYCOPROTEIN		
Art Unit 1845	Examiner Zeman, Robert A.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$80
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1580	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 I have enclosed a duplicate copy of this sheet.		
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>		
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <small>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</small> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 35,551 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <small>Registration number if acting under 37 CFR 1.34</small>	
 <small>Signature</small>		<small>Sept. 17, 2005</small> <small>Date</small>
<small>Laurence J. Hyman, Reg. No. 35,551</small> <small>Typed or printed name</small>		<small>(415) 576-0200</small> <small>Telephone Number</small>
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input type="checkbox"/> Total of _____ forms are submitted.		

60588069 v1

09/19/2005 17:07 004/042 09673707

02 FC:1252 450.00 DA